

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
		Chemical Dependency Treatment - Self Monitoring - Rule 31 - POLICY, PROCEDURE AND PRACTICES - 20090211		
		Policy & Procedure Book		
	245A.04, Subd. 14,(a)	The license holder shall develop program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules.		
	9530.6455,	The license holder must develop a written policy and procedure manual which is immediately accessible to staff, consumers of services, and other authorized parties.		
	245A.04, Subd. 14,(c)	The policy and procedure manual must be indexed with a table of contents or another method approved by the commissioner.		
	9530.6455,	The manual must contain the following materials:		
	9530.6455, A	Assessment and treatment planning policies, which include screening for mental health concerns, and the inclusion of treatment objectives related to identified mental health concerns in the client's treatment plan;		
	9530.6455, B	Policies and procedures regarding HIV that comply with Minnesota Statutes 245A.19. (Also see 245A.19 in Health Care Services Requirements)		
	9530.6455, C	The methods and resources used by the license holder to provide information on tuberculosis and tuberculosis screening to all clients and to report known cases of tuberculosis infection according to Minnesota Statutes, section 144.4804;		
	9530.6455, D	Personnel policies that comply with part 9530.6460;		
	9530.6455, E	Policies and procedures that protect client rights as required under part 9530.6470;		
	9530.6455, F	A medical services plan that complies with part 9530.6470;		
	9530.6455, G	Emergency procedures that comply with part 9530.6475;		
	9530.6455, H	Policies and procedures for maintaining client records under part 9530.6440;		

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	9530.6455, I	Procedures for reporting the maltreatment of minors under Minnesota Statutes, section 626.556, and vulnerable adults under Minnesota Statutes, section 245A.65, 626.557, and 626.5572;		
	9530.6455, J	a description of treatment services including the amount and type of client services provided;		
	9530.6455, K	the methods used to achieve desired client outcomes		
	9530.6455, L	the hours of operation and target population served.		
		All Programs - Service Initiation And Service Termination		
	9530.6465, Subp. 1	There must be a written service initiation policy that is posted or given to all interested person upon request. It must contain:		
	9530.6465, Subp. 1	service initiation preferences that comply with this rule and Code of Federal Regulations, title 45, part 96.131 (preferential treatment services for pregnant women), and		
	9530.6465, Subp. 1	specific service initiation criteria;		
	9530.6465, Subp. 1	Titles of all staff members authorized to initiate services for clients were listed in the service initiation and termination policies.		
	9530.6465, Subp. 1	The license holder must not initiate services for individuals who did not meet the service initiation criteria.		
	9530.6465, Subp. 2,A	Individuals not served by the license holder: When terminating services or denying treatment service initiation to clients for reasons of health, behavior, or criminal activity, the license holder must have and comply with a written protocol for assisting clients in need of care not provided by the license holder, and for clients who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the staff.		
	9530.6465, Subp. 2,A	All service terminations and denials of service initiation which pose an immediate threat to the health of any individual or require immediate medical intervention must be referred to a medical facility capable of admitting the individual.		

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	9530.6465, Subp. 2,B	All service termination policies and denials of service initiation that involved the commission of a crime against a license holder's staff member or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12 (c)(5), and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.		
	9530.6465, Subp. 3	Service termination and transfer policies: There must be a written policy specifying the conditions under which clients must be discharged. The policy must include:		
	9530.6465, Subp. 3,A	procedures for individuals whose services have been terminated under subpart 2;		
	9530.6465, Subp. 3,B	a description of client behavior that constitutes reason for a staff-requested service termination and a process for providing this information to clients;		
	9530.6465, Subp. 3,C	procedures consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff must follow when a client admitted under Minnesota Statutes, chapter 253B, is to have services terminated;		
	9530.6465, Subp. 3,D	procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others;		
	9530.6465, Subp. 3,E	procedures for communicating staff-approved service termination criteria to clients, including the expectations in the client's individual treatment plan according to part 9530.6425; and		
	9530.6465, Subp. 3,F	titles of staff members authorized to terminate client services must be listed in the service initiation and termination policies.		
		All Programs - Client Rights		
	9530.6470, Subp. 1	Clients have the rights identified in Minnesota Rules, part 4747.1500, and 2538.03, as applicable (for committed clients). (Also see Client File section and 9530.6455		
	9530.6470, Subp. 2	The Grievance Procedure must be made available to clients and former clients upon request;		
	9530.6470, Subp. 2,A	The Grievance Procedure must: require that staff help the client develop and process a grievance;		

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	9530.6470, Subp. 2,B	require that telephone numbers and addresses of the Department of Human Services, licensing division; the Office of Ombudsman for Mental Health and Mental Retardation; and the Minnesota Board of Behavioral Health and Therapy (for alcohol and drug counselor licensing issues), be made available to clients; (note: if the license holder has an SLF license, the phone number for the office of health facilities complaints must also be available to clients)		
	9530.6470, Subp. 2,C	require that the license holder is obligated to respond to the client's grievance within three days of a staff member's receipt of the grievance; and		
	245A.04, Subd. 1,(d)	permit the client to bring the grievance to the highest level of authority in the program if not resolved by other staff members.		
	9530.6470, Subp. 3	Photographs of client. All photographs, video tapes, and motion pictures of clients taken in the provision of treatment services must be considered client records. If photographs for identification and recordings by video and audio tape for enhancing either therapy or staff supervision are required of clients, they may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography, except as authorized by this subpart.		
	245A.04, Subd. 13,(a)	Client Property Management: The license holder must ensure that persons served by the program retain the use and availability of personal funds and property unless restrictions are justified in the person's individual plan.		
	245A.04, Subd. 13,(b)	The license holder must ensure separation of funds of persons served by the program from funds of the license holder, the program, or program staff.		
	245A.04, Subd. 13,(c),(1)	Whenever the license holder assists a person served by the program with the safekeeping of funds or other property, the license holder must: immediately document receipt and disbursement of the person's funds or other property at the time of receipt or disbursement including the person's signature, or the signature of the conservator or payee;		
	245A.04, Subd. 13,(c),(2)	return to the person upon the person's request, funds and property in the license holder's possession subject to restrictions in the person's treatment plan, as soon as possible, but no later than three working days after the date of the request.		

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		Residential Treatment Programs Only - Additional Client Rights		
	9530.6470, Subp. 1	Client rights: Clients have the rights identified in Minnesota Statutes 144.651 (except subdivision 28 and 29).		
	9530.6505, Subp. 2	Visitors: Clients must be allowed to receive visitors at times prescribed by the license holder. A client's right to receive visitors may be subject to visiting hours established by the license holder for all clients.		
	9530.6505, Subp. 2	Clients must be allowed to receive visits at all reasonable times from their personal physicians, religious advisors, county case managers, parole or probation officers, and attorneys.		
	9530.6505, Subp. 2	Visiting rules and hours must be set and posted, including both day and evening times;		
	9530.6505, Subp. 2	The treatment director or designee may impose limitations as necessary for the welfare of a client provided that the limitations and the reasons for them were documented in the client's file.		
	9530.6505, Subp. 3,A	In the course of client property management, the license holder: may establish policies regarding the use of personal property to assure that treatment activities and the rights of other patients are not infringed;		
	9530.6505, Subp. 3,B	may take temporary custody of property for violation of facility policies;		
	9530.6505, Subp. 3,C	must retain the client's property for a minimum of seven days after discharge if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and		
	9530.6505, Subp. 3,D	must return all property held in trust to the client upon service termination regardless of the client's service termination status, except:		
	9530.6505, Subp. 3,D,(1)	drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section 609.5316, were destroyed by staff or given over to the custody of a local law enforcement agency, according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations Title 45, parts 160 to 164.		

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	9530.6505, Subp. 3,D,(2)	weapons, explosives, and other property which can cause serious harm to self or others were given over to the custody of a local law enforcement agency, and the client was notified of the transfer and of the right to reclaim any lawful property transferred; and		
	9530.6505, Subp. 3,D,(3)	medications that were determined by a physician to be harmful after examining the client, except when the client's personal physician approved the medication for continued use.		
		Programs serving clients with children - Supervision Requirements		
	9530.6490, Subp. 2	Supervision of children: a caregiver was within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver could intervene to protect the health and safety of the child.		
	9530.6490, Subp. 2	Supervision of children: For the school age child a caregiver was available to help and care for the child so that the child's health and safety was protected.		
	9530.6490, Subp. 3,A	Policy and schedule requirements: the license holder had a policy and schedule delineating the times and circumstances under which the license holder is responsible for supervision of children in the program and when the child's parents are responsible for child supervision. The policy explained how the program would communicate its policy about child supervision responsibility to the parents; and		
	9530.6490, Subp. 3,B	Policy and schedule requirements: the license holder had written procedures addressing the actions to be taken by staff if children are neglected or abused including while the children are under the supervision of their parents.		
	9530.6490, Subp. 4,A	Additional licensing requirements. During the times the license holder was responsible for the supervision of children, the license holder met the following standards: child and adult ratios in part 9502.0367;		
	9530.6490, Subp. 4,B	day care training for staff as required in part 9502.0385; [The training conducted under 245A.1444 may be used to fulfill these requirements (training on SIDS and Shaken Babies)]		
	9530.6490, Subp. 4,C	behavior guidance in part 9502.0395;		
	9530.6490, Subp. 4,D	activities and equipment in part 9502.0415;		
	9530.6490, Subp. 4,E	physical environment in part 9502.0425; and		

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		All Programs - Treatment Services		
	9530.6430, Subp. 3	All treatment services, including therapeutic recreation, must be provided by alcohol and drug counselors qualified according to part 9530.6450, unless the individual providing the service is specifically qualified according to accepted standards of that profession. Therapeutic recreation does not include planned leisure activities.		
	9530.6430, Subp. 1,A	The license holder must offer the following treatment services unless clinically inappropriate and the justifying clinical rationale is documented:		
	9530.6430, Subp. 1,A,(1)	individual and group counseling to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after discharge; (Also see 9530.6455, J)		
	9530.6430, Subp. 1,A,(2)	client education strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in lifestyle to regain and maintain health. Client education included information concerning the human immunodeficiency virus, according to Minnesota Statutes, section 245A.19, other sexually transmitted diseases, drug and alcohol use during pregnancy, hepatitis, and tuberculosis; (Note: information must be verbally reviewed with clients. Handing them this information does not qualify as education.) (Also see 9530.6455, J)		
	9530.6430, Subp. 1,A,(3)	transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the license holder's staff for support; and (Also see 9530.6455, J)		
	9530.6430, Subp. 1,A,(4)	services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from substance use disorder. (Also see 9530.6455, J)		
	9530.6430, Subp. 1,A,(4)	Groups must address co-occurring mental illness issues, as needed. When treatment for mental health problems is indicated, it is integrated into the client's treatment plan. (Also see 9530.6455, J)		
	9530.6430, Subp. 1,A,(5)	Service coordination to help the client obtain the services and support the client needs to establish a lifestyle free of the harmful effects of substance use disorder. (Also see 9530.6455, J)		

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	9530.6430, Subp. 1,B	Treatment services provided to individual clients must be provided according to the individual treatment plan and address cultural differences and special needs of all clients. (Also see 9530.6455, J)		
		All Programs - Additional Treatment Services		
	9530.6430, Subp. 2	A license holder may provide or arrange the following additional treatment services as part of the individual treatment plan:		
	9530.6430, Subp. 2,A	relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder;		
	9530.6430, Subp. 2,B	therapeutic recreation, to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals; (Note:Therapeutic recreation does not include planned leisure activities.)		
	9530.6430, Subp. 2,C	stress management and physical well-being to help the client reach and maintain an acceptable level of health, physical fitness, and well-being;		
	9530.6430, Subp. 2,D	living skills development to help the client learn basic skills necessary for independent living;		
	9530.6430, Subp. 2,E	employment or educational services to help the client become financially independent;		
	9530.6430, Subp. 2,F	socialization skills development to help the client live and interact with others in a positive and productive manner; and		
	9530.6430, Subp. 2,G	room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills		
	9530.6430, Subp. 4	Location of service provision: a client of a license holder may only receive services at any of the license holder's licensed locations or at the client's home except that services under subpart 1, item A, subitems (3) and (5) and subpart 2, items B and E maybe provided in another suitable location.		

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		Specialized CD/MH - Treatment Services		
	9530.6495, G	The program must: have available program materials adapted to individuals with mental health problems;		
	9530.6495, H	have policies that provide flexibility for clients who lapse in treatment or may have difficulty adhering to established treatment rules as a result of mental illness, with the goal of helping clients successfully complete treatment; and		
	9530.6495, I	have individual psychotherapy and case mangement available during the treatment process.		
		All Programs - Health Care Services		
	9530.6435, Subp. 1	Health care services description:The license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the license holder. (Also see 9530.6455, F)		
	9530.6435, Subp. 1a	The applicant or license holder must have written procedures for obtaining medical interventions when needed for a client, that are approved in writing by a physician who is licensed under Minnesota Statutes, Chapter 147 unless:		
	9530.6435, Subp. 1a,A	The license holder does not provide services under part 9530.6505; and		
	9530.6435, Subp. 1a,B	all medical interventions are referred to 911, the emergency telephone number, or the client's physician.		
	9530.6435, Subp. 2	Consultation services: The license holder must have access to and document the availability of a Mental Health Professional to provide diagnostic assessment and treatment planning assistance.		
	245A.19, (a)	HIV Policies and Procedures. The license holder must demonstrate compliance with HIV minimum standards AS EVIDENCED BY TIP 37 AND THE MN ADDENDUM. (Also see 9530.6455, B)		
	245A.19, (d)	The license holder must maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referrals must be updated annually.		
	245A.19, (d)	The license holder must develop and follow written policies and procedures, consistent with HIV minimum standards which include:		

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	245A.19, (d)	HIV education once per treatment cycle, including an explanation of the nature and action of HIV, facts about transmission, and personal risk reduction strategies;		
	245A.19, (d)	Infection control procedures;		
	245A.19, (d)	Confidentiality of the client's HIV status.		
	245A.19, (d)	Information about HIV testing.		
	245A.19, (d)	non-discrimination towards clients with HIV.		
	9530.6455, C	Tuberculosis: The license holder must have written policies and procedures describing the methods and resources used by the license holder to: provide information on tuberculosis and tuberculosis screening to all clients, and		
	9530.6455, C	report known cases of tuberculosis infection according to Minnesota Statutes, section 144.4804.		
		Programs that Administer and/or Assist With Self Administration Of Medication - Health Care Services		
	9530.6435, Subp. 3,B	Policies and procedures for medication administration or assistance with self administration of medication or both: must be developed by a registered nurse, and must include the following provisions: (Also see under P/P section - additional staffing requirements)		
	9530.6435, Subp. 3,B,(1)	delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;		
	9530.6435, Subp. 3,B,(2)	each client's file must include documentation indicating whether staff will be administering medication or the client will be doing self-administration or a combination of both;		
	9530.6435, Subp. 3,B,(3)	clients may carry emergency medication such as nitroglycerin as instructed by their physician;		
	9530.6435, Subp. 3,B,(4)	a provision for medication to be self-administered when a client is scheduled not to be at the facility;		
	9530.6435, Subp. 3,B,(5)	if medication is to be self-administered at a time when the client is present in the facility, medication will be self-administered under observation of a trained staff person;		

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	9530.6435, Subp. 3,B,(6)	when a license holder serves clients who are parents with children, the parent may only administer medication to the child under staff supervision;		
	9530.6435, Subp. 3,B,(7)	requirements for recording the client's use of medication, including staff signatures with date and time;		
	9530.6435, Subp. 3,B,(8)	guidelines for when to inform a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions or errors; and		
	9530.6435, Subp. 3,B,(9)	procedures for acceptance, documentation and implementation of prescriptions, whether written verbal, telephonic or electronic.		
	9530.6435, Subp. 4,A	Control of drugs: The license holder must have and implement written policies and procedures developed by a registered nurse that contain the following provisions: a requirement that all drugs are stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, are stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;		
	9530.6435, Subp. 4,B	a system which accounts for all scheduled drugs each shift;		
	9530.6435, Subp. 4,C	a procedure for recording the client's use of medication, including the signature of the administrator of the medication with the time and date;		
	9530.6435, Subp. 4,D	a procedure for destruction of discontinued, outdated or deteriorated medications;		
	9530.6435, Subp. 4,E	a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and		
	9530.6435, Subp. 4,F	statement that no legend drug supply for one client will be given to another client.		
		Residential Treatment Programs - Add'l Health Services Requirements		
	9530.6505, Subp. 7	The license holder must have written procedures for assessing and monitoring client health, including a standardized data collection tool for collecting health related information about each client. The policies and procedures must be approved and signed by a registered nurse.		

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	9530.6505, Subp. 8	License holders who provide residential services must meet the administration of medications requirements of part 9530.6435, Subp. 3.		
		All Programs - Add'l Policy and Procedure Requirements		
	9530.6455, I	Maltreatment of Minors: The policy and procedure manual must contain procedures for reporting maltreatment of minors under Minnesota Statutes, section 626.556, subdivision 3, (a) and (c). ([a] a person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff;) and		
	9530.6455, I	([c] a person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the Department of Human Services, which is the the agency responsible for licensing the facility.)		
	9530.6475, A,(1)	Behavioral Emergency Procedures: The license holder must have written procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others. The emergency procedures must include: a plan designed to prevent the client from hurting themselves or others; (Also see 9530.6455, G)		
	9530.6475, A,(2)	contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the procedures established in the plan;		
	9530.6475, A,(3)	types of procedures that may be used;		
	9530.6475, A,(4)	circumstances under which emergency procedures may be used; and		
	9530.6475, A, 5	staff members authorized to implement emergency procedures.		
	9530.6475, B	Behavioral Emergency Procedures: must not be used to enforce facility rules or for the convenience of staff; PRACTICE		
	9530.6475, B	must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. PRACTICE		
	9530.6475, B	may not include seclusion or restraint. PRACTICE		

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	9530.6480, Subp. 1	EVALUATION: The license holder must participate in the drug and alcohol abuse normative evaluation system (DAANES) by submitting information about each client to the commissioner in a format specified by the commissioner.		
		Methadone Programs only - Additional Policy and Procedure requirements		
	9530.6500, Subp. 2	Capacity management and waiting list system compliance: Each week, the program must report its capacity, current enrolled dosing clients, and any waiting list.		
	9530.6500, Subp. 2	The program must notify the department within 7 days of when the program reached both 90 and 100 percent of the program's capacity to care for clients.		
	9530.6500, Subp. 2	The program must also notify the department when its census has increased or decreased from the 90 percent level.		
	9530.6500, Subp. 3	Waiting List System. The license holder must have a waiting list system.		
	9530.6500, Subp. 3	Each person seeking admission must be placed on the waiting list if the person cannot be admitted within 14 days of the date of the application, unless the applicant is assessed by the program and found not to be eligible for admission according to parts 9530.6405 to 9530.6505, and Code of Federal Regulations, title 42, part 1, subchapter A, section 8.12(e) and Code of Federal Regulations, title 45, parts 160 to 164.		
	9530.6500, Subp. 3	The waiting list must assign a unique patient identifier for each intravenous drug abuser seeking treatment while awaiting admission;		
	9530.6500, Subp. 3	An applicant on a waiting list who receives no services under 9530.6430, subpart 1 must not be considered a "client" as defined in part 9530.6405, subpart 8.		
	9530.6500, Subp. 4	Client Referral: The program must consult the capacity management system so that persons on waiting lists are admitted at the earliest time to a program providing appropriate treatment within a reasonable geographic area.		
	9530.6500, Subp. 4	Client Referral: If the patient has been referred through a public payment system and if the program is not able to serve the client within 14 days of the date of application for admission, the program must contact and inform the referring agency of any available treatment capacity listed in the state capacity management system.		

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	9530.6500, Subp. 5,A	Outreach: The program must carry out activities to encourage individuals in need of treatment to undergo treatment. The program's outreach model: must select, train and supervise outreach workers;		
	9530.6500, Subp. 5,B	must contact, communicate and follow up with high risk substance abusers, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements, including Code of Federal Regulations, title 42, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164.		
	9530.6500, Subp. 5,C	must promote awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV; and		
	9530.6500, Subp. 5,D	must recommend steps that can be taken to ensure that HIV transmission does not occur.		
		Vulnerable Adults: Program Abuse Prevention Plan		
	245A.65, Subd. 2,(a),(1)	The Program Abuse Prevention Plan included a population assessment which identified factors which may encourage or permit abuse, including: Age		
	245A.65, Subd. 2,(a),(1)	Gender		
	245A.65, Subd. 2,(a),(1)	Mental Functioning		
	245A.65, Subd. 2,(a),(1)	Physical & emotional health or behavior of clients		
	245A.65, Subd. 2,(a),(1)	Need for specialized programs of care for clients		
	245A.65, Subd. 2,(a),(1)	Need for staff training to meet identified individual needs of the clients		
	245A.65, Subd. 2,(a),(1)	Knowledge a LH may have regarding previous abuse that is relevant to minimizing risk of abuse for clients.		
	245A.65, Subd. 2,(a),(2)	The physical plant assessment included an evaluation of: Condition and design of the building		
	245A.65, Subd. 2,(a),(2)	Existence of areas which are difficult to supervise		
	245A.65, Subd. 2,(a),(3)	Location of the program in a particular neighborhood / community		
	245A.65, Subd. 2,(a),(3)	Type of grounds and terrain surrounding the building		

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	245A.65, Subd. 2,(a),(3)	Type of internal programming		
	245A.65, Subd. 2,(a),(3)	Program's staffing patterns		
	626.557, Subd. 14,(a)	The assessment identified factors which may encourage or permit abuse.		
	626.557, Subd. 14,(a)	There was a statement of specific measures to be taken to minimize the risk of abuse.		
	245A.65, Subd. 2,(a),(5)	The license holder's governing body reviewed the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. (PRACTICE - Must be documented)		
		Vulnerable Adults: Maltreatment Reporting Policies and Procedures		
	245A.65, Subd. 1,(a)	The LH had a policy allowing, but not mandating, internal reporting of alleged or suspected maltreatment. (Also required by 9530.6455, I)		
	245A.65, Subd. 1,(a),(2)	The policy must include the primary and secondary person or position to whom internal reports may be made, and		
	245A.65, Subd. 1,(a),(2)	The primary and secondary person or position responsible for forwarding internal reports to the common entry point.		
	245A.65, Subd. 1,(a),(2)	The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.		
	245A.65, Subd. 1,(b),(1)	The policy must include that an internal review is completed and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.		
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;		
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
	245A.65, Subd. 1,(b),(2)	The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.		
	245A.65, Subd. 1,(b),(2)	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;		
	245A.65, Subd. 1,(b),(3)	The LH must document and make internal reviews accessible to the commissioner upon the commissioner's request. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
	626.557, Subd. 3,(a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.		
	626.557, Subd. 4a,(b)	The procedure included that reporters are informed about whether the facility reported the incident to the common entry point: in writing		
	626.557, Subd. 4a,(b)	Within two working days;		
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.		
	626.557, Subd. 4a,(c)	The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	626.557, Subd. 4a,(d)	A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.		
	626.5572,	If the LH's reporting policy and procedure included definitions of maltreatment or referenced the definitions, they were attached and were consistent with the current statute language. The current statute language is available at http://www.revisor.leg.state.mn.us		
		Vulnerable Adults: Maltreatment - Review of Internal Reporting Practices		
	626.557, Subd. 4a,(b)	If the facility received an internal report of suspected maltreatment, the following internal reporting procedures will be reviewed: WRITTEN NOTICE TO MANDATED REPORTER: the reporter was given written notice stating whether the facility reported the incident to the common entry point;		
	626.557, Subd. 4a,(b)	In writing;		
	626.557, Subd. 4a,(b)	Within two working days;		
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.		
	626.557, Subd. 4a,(c)	AND the written notice included a statement that if the mandated reporter was not satisfied with the action taken by the facility on whether to report the incident to the CEP, then the mandated reporter may report externally.		
	245A.65, Subd. 1,(b),(1)	INTERNAL REVIEW: When the facility had an internal report, or knew of an external report of alleged or suspected maltreatment an internal review was completed; AND included an evaluation of the following:		
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;		
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
		Maltreatment of Minors Internal Review Requirements		
	245A.66,	Except for family child care setting and foster care for children in the license holder' residence, license holders serving children shall: (1) establish and maintain policies and procedures to ensure that an internal review is completed and		
	245A.66,	that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. (Also required by 9530.6455, I)		
	245A.66	The review must include an evaluation of whether: (i)related policies and procedures were followed;		
	245A.66,	(ii) the policies and procedures were adequate;		
	245A.66,	(iii) there is a need for additional staff training;		
	245A.66,	(iv) the reported event is similar to past events with the children or the services involved; and		
	245A.66,	(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.		
	245A.66,	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;		
	245A.66,	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.		
	245A.66,	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.66,	(3) The license holder must document that the internal review has been completed and		
	245A.66,	provide documentation showing the review was completed to the commissioner upon the commissioner's request.		
	245A.66,	The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
		All Programs - Personnel Policies		
	9530.6460, Subp. 1	The license holder must have written personnel policies and make them available to each staff member. (Also see 9530.6455, D)		
	9530.6460, Subp. 1,A	Personnel policies must: assure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Department of Health, the Department of Human Services, the ombudsman for mental health and mental retardation, law enforcement, or local agencies for the investigation of complaints regarding a client's rights, health, or safety;		
	9530.6460, Subp. 1,B	contain job descriptions for each position, specifying: responsibilities,		
	9530.6460, Subp. 1,B	the degree of authority to execute job responsibilities,		
	9530.6460, Subp. 1,B	qualifications;		
	9530.6460, Subp. 1,C	The Personnel Policies must: provide for job performance evaluations based on standards of job performance to be conducted on a regular and continuing basis, including a written annual review;		
	9530.6460, Subp. 1,D	Personnel policies must describe behavior that constitutes grounds for disciplinary action, suspension or dismissal, including:		
	9530.6460, Subp. 1,D	policies that address chemical use problems and that state the timeline requirements for freedom from chemical use problems described in part 9530.6450, subpart 1, A and B. (timeline requires two years for treatment directors, supervisors, nurses, counselors, and other professionals. One year for paraprofessionals and all other staff with direct client contact. The time period begins to run on the date the employee begins receiving treatment services or the date of the last incident.)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	9530.6460, Subp. 1,D	policies prohibiting personal involvement (sexual contact) with clients or former clients within two years of receiving psychotherapy, in violation of Minnesota Statutes, chapter 148A.		
	9530.6460, Subp. 1,D	policies prohibiting client abuse as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572;		
	9530.6460, Subp. 1,E	The Personnel Policies must list behaviors or incidents that are considered chemical use problems. The list must include:		
	9530.6460, Subp. 1,E,(1)	receiving treatment for chemical use within the period specified for the position in the staff qualification requirements;		
	9530.6460, Subp. 1,E,(2)	chemical use that has a negative impact on the staff member's job performance;		
	9530.6460, Subp. 1,E,(3)	chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community; and		
	9530.6460, Subp. 1,E,(4)	symptoms of intoxication or withdrawal on the job.		
	9530.6460, Subp. 1,F	The Personnel Policies must include a chart or description of the organizational structure indicating lines of authority and responsibilities;		
	9530.6460, Subp. 1,G	The Personnel Policies must include orientation within 24 working hours of starting for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the staff member was hired, policies and procedures, client confidentiality, HIV minimum standards and client needs; and (Also see Personnel File Section)		
	9530.6460, Subp. 1,(H)	The Personnel Policies must include policies outlining the license holder's response to staff members with behavior problems that interfere with the provision of treatment services.		
	245A.04, Subd. 1,(c)	The license Holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons being served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.		
	245A.04, Subd. 13,(d),(1)	Handling client funds and property. License holders and program staff: must not borrow money from a person served by the program;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.04, Subd. 13,(d),(2)	must not purchase personal items from a person served by the program;		
	245A.04, Subd. 13,(d),(3)	must not sell merchandise or personal services to a person served by the program;		
	245A.04, Subd. 13,(d),(4)	must not require a person served by the program to purchase items for which the license holder is eligible for reimbursement; or		
	245A.04, Subd. 13,(d),(5)	must not use funds of persons served by the program to purchase items for which the facility is already receiving public or private payments.		
		All Programs - Staffing Requirements		
	9530.6445, Subp. 1	The license holder had a Treatment Director		
	9530.6445, Subp. 2	Alcohol and drug counselor supervisor requirements. The license holder employed an alcohol and drug counselor supervisor who meets the requirements under part 9530.6450, subpart 4.		
	9530.6445, Subp. 2	An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position.		
	9530.6445, Subp. 2	If an alcohol and drug counselor was simultaneously an alcohol and drug counselor supervisor or treatment director, that individual was considered a 0.5 full-time equivalent alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 4.		
	9530.6445, Subp. 3	Responsible staff person. The treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment services. A license holder must have a designated staff person during all hours of operation.		
	9530.6445, Subp. 3	A license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day.		
	9530.6445, Subp. 3	The designated staff person must know and understand the implications of parts 9530.6405 to 9530.6505, and Minnesota Statutes, sections 245A.04, 245A.65, 626.556, 626.557, and 626.5572.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	9530.6445, Subp. 5	Medical emergencies. When clients are present there must be at least one staff person on the premises who has a current American Red Cross (or equivalent) first aid certificate, and at least one staff person on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. One person with both certificates satisfies this requirement.		
	9530.6445, Subp. 4	Counselor staffing requirements: at least 25 percent of a counselor's scheduled work must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties.		
	9530.6445, Subp. 4	Group size: Counseling groups must not exceed an average of 16 clients during any 30 consecutive calendar days. Is is the responsibility of the license holder to determine an acceptable group size based on the client's needs.		
	9530.6445, Subp. 4	The license holder must maintain a record that documents compliance with this subpart.		
		Methadone Programs - Additional Staffing Requirements		
	9530.6445, Subp. 4	A counselor in a program treating intravenous drug abusers must not supervise more than 50 clients.		
		Adolescents Programs - Additional Staffing Requirements		
	9530.6485, Subp. 3	Staffing ratios. A counseling group consisting entirely of adolescents must not exceed 16 clients. It is the responsibility of the license holder to determine an acceptable group size based on the needs of the clients.		
		CD/MH Specialized Programs - Additional Staffing Requirements		
	9530.6495, A	In CD/MH specialized programs, the license holder: must demonstrate that staffing levels are appropriate for treating clients substance use disorder and mental health problems, and that there is adequate staff with mental health training;		
	9530.6495, D	must determine group size, structure, and content with consideration for the special needs of those with substance use disorder and mental health disorders.		
	9530.6495, B	must have continuous access to a medical provider with appropriate expertise in prescribing psychotropic medications;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	9530.6495, C	must have a licensed mental health professional available for staff supervision and consultation.		
		Programs with Medication Admin or Self Admin - Additional Staffing Requirements		
	9530.6435, Subp. 3,A	the task of administration of medication or assistance with self medication must be delegated by a licensed practitioner, or a registered nurse to qualified staff members. (For purposes of this subpart a licensed practitioner is a physican, physician's assistant or advanced practice registered nurse.)		
	9530.6435, Subp. 3,B	A registered nurse must be employed or contracted to develop policies and procedures for medication administration or assistance with self administration or both.		
	9530.6435, Subp. 3,B	A registered nurse must provide supervision as defined in part 6321.0100 [Supervision - "guidance by a registered nurse for the accomplishment of a function or activity...including monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action."]		
	9530.6435, Subp. 3,B	The registered nurse supervision must include monthly onsite supervision or more often as warranted by client health needs.		
		Predatory Offender Notification		
	243.166, Subd. 4b,(d)	[(a) For the purposes of this subdivision, "health care facility" means a residential facility licensed under chapter 245A to provide adult mental health treatment or chemical dependency treatment to adults.] If a health care facility receives a fact sheet from law enforcement or a corrections agent that includes a risk level classification for the offender, and if the facility admits the offender, the facility shall distribute the fact sheet to all residents at the facility. If the facility determines that distribution to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall distribute the fact sheet to the patient's next of kin or emergency contact. (NA-DOC CRF)		
		All Programs - Client Record Keeping Practices		
	9530.6440, Subp. 1	The license holder must maintain a file of current client records on the premises where the treatment services are provided or coordinated. PRACTICE		
	9530.6440, Subp. 1	The content and format of client records must be uniform and entries in each case must be signed and dated by the staff member making the entry. PRACTICE		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	9530.6440, Subp. 1	Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164, and, if applicable, Minnesota Statutes, chapter 13. PRACTICE		
	9530.6440, Subp. 2	Records of discharged clients must be retained by the license holder for seven years. PRACTICE		
	9530.6440, Subp. 4	Electronic Records: Prior to using electronic recordkeeping or electronic signatures to to comply with parts 9530.6405 to 9530.6505 the license holder: must provide documentation to the commissioner demonstrating the license holder's use of a system for ensuring security of electronic records, and		
	9530.6440, Subp. 4	obtained written permission from the commissioner.		